

Backflow Prevention Assembly Test and Maintenance Report**Classification for External Backflow Location**

Car Wash	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other: _____
Blg 8 stories or more	<input type="checkbox"/>	Laundries/ dry cleaners	<input type="checkbox"/>	Oil Change location	<input type="checkbox"/>	_____
Dental Clinics	<input type="checkbox"/>	Medical Offices	<input type="checkbox"/>	Service Station	<input type="checkbox"/>	_____
Funeral Parlor	<input type="checkbox"/>	Metal Fabrication	<input type="checkbox"/>	Veterinary Clinics	<input type="checkbox"/>	_____

*** Mail these reports to: City of Midland, Utilities Dept., P.O.Box 1152, Midland, Tx 79702****Classification for Internal Backflow Units**

Kitchen Equipment-Commercial	<input type="checkbox"/>	Steam Generators	<input type="checkbox"/>	Medical Devices:	<input type="checkbox"/>
Sprinkler (fire prevention)	<input type="checkbox"/>	Swimming Pools	<input type="checkbox"/>	Other:	_____
Sprinkler System(yard)	<input type="checkbox"/>	Vending Machines	<input type="checkbox"/>	_____	_____

*** Mail these reports to: City of Midland, Code Administration, P.O.Box 1152, Midland, Tx 79702****Name of Public Water System**City of Midland/1650001 ☐Air Terminal/1650002 ☐**Illegible or Incomplete reports will not be accepted****Type of Assembly**

Reduced Pressure Principle	<input type="checkbox"/>	Reduced Pressure Principle-Detector	<input type="checkbox"/>
Double Check Valve	<input type="checkbox"/>	Double Check-Detector	<input type="checkbox"/>
Pressure Vacuum Breaker	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker	<input type="checkbox"/>

Manufacturer	_____	Size	_____
Model number	_____	Unit Location	_____
Serial Number	_____		

Is the Assembly Installed in accordance with Local Codes? Yes ☐ No ☐

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at _____ psid Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>

Repairs & Materials Used	_____

Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
-------------------	--	--	-------------------------	-------------------------	-----------------------

Final Unit Status: Pass ☐ Fail ☐**Technician Information**

Test gauge used: Make/Model	_____	SN:	_____	Date Tested for Accuracy:	_____
Company Name:	_____		Cert. Tester Number:	_____	
Company Address:	_____				
Technician Name:	_____		Date of inspection:	_____	
<i>*The above is certified true at the time of testing</i>					
Phone Number:	_____		Signature:	_____	

Customer Information/Please Print

Property Owners Name:	_____				
Owners Address:	_____				
City:	_____	State:	_____	Zip:	_____
Backflow Property Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone Number:	_____				

accepted by TCEQ on February 26th, 2009

Signature: _____